

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			6-01
FORMALITY REVIEW	B2	397	5-14-02
RESPONSE FORMALITY REVIEW	B2	397	5-14-02

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	N
2	N
3	N
4	N
5	N
6	N
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10	N
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14	N
15	N
16	N
17	N
18	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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350  
 1/1/02  
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